MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. **10/509477**

FILING DATE

APPLICANT(S)

CLAIMS

BEST AVAILABLE COPY

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1				51							
2							52							
3		2		1			53							
4		0					54							
5		0		1			55							
6				1			56							
7	1		1				57							
8		1		1			58							
9		2					59							
10		0		1			60							
11		0		1			61							
12		0					62							
13	1		1				63							
14		1					64							
15		2		1			65							
16		0					66							
17		0		1			67							
18		0		1			68							
19							69							
20							70							
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43							93							
44							94							
45							95							
46							96							
47							97							
48							98							
49							99							
50							100							
TOTAL IND.	3	↓	3	↓		↓	TOTAL IND.			↓		↓		↓
TOTAL DEP.	18	←	15	←		←	TOTAL DEP.			←		←		←
TOTAL CLAIMS	21		18				TOTAL CLAIMS							

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